

The Commonwealth of Massachusetts
Bureau of Health Professions Licensure
Board of Registration in Dentistry

250 Washington Street

Boston, MA 02108

(617) 973-0971

www.mass.gov/dph/dentalboard

Individual Permit C (Nitrous Oxide-Oxygen Only)

(See 234 CMR 6.14 Effective August 20, 2010)

Information and Instructions

Nitrous Oxide-Oxygen Sedation means conscious sedation accomplished solely by the use of nitrous oxide-oxygen (234 CMR 6.02).

Individual Permit C authorizes a qualified dentist to administer nitrous oxide-oxygen alone, or in conjunction with a local anesthetic, in a dental facility that has the required Facility Permit for the type of anesthesia or sedation being administered in compliance with the provisions of 234 CMR 6.00, and/or in a hospital and/or dental school setting that has been approved by the Joint Commission on the Accreditation of Hospitals or the Commission on Accreditation of the Council on Education of the American Dental Association, and/or in a hospital or clinic licensed pursuant to MGL c. 111 ss. 51 through 56.

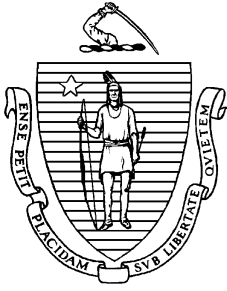
Educational Qualifications:

- Successful completion of fourteen (14) hours of didactic and clinical training in the administration of nitrous oxide-oxygen only;

OR

- Successful completion of an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage nitrous oxide-oxygen only.

Please Note: Training must be completed within the past five (5) years or you must have been administering nitrous oxide-oxygen in another jurisdiction and can provide proof.



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Application

Individual Permit C (Nitrous Oxide-Oxygen Only)

1. APPLICANT NAME: _____ MA DN Lic. # _____
Last First Middle

2. ADDRESS OF RECORD: _____
(No.) (Street) (Apt #) (City or Town) (State/Country) (Zip Code)

Note: The address of record may be home or business and is, by law, public information.

3. TELEPHONE NUMBER(S) DAY: _____ CELL: _____ FAX: _____

4. EMAIL ADDRESS: _____

5. REQUIRED ATTACHMENTS/ENCLOSURES

Attachment A: Check or money order payable to the Commonwealth of Massachusetts in the amount of \$180.

Attachment B: Proof of current certification in BLS, ACLS or PALS.

Attachment C: Proof of successful completion of fourteen (14) hours of didactic and clinical training in the administration of nitrous oxide-oxygen only;

OR

Proof of successful completion of an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage nitrous oxide-oxygen only.

ATTESTATION BY APPLICANT FOR INDIVIDUAL PERMIT C

Please consult Statutes, Rules and Regulations pertaining to the administration of anesthesia and sedation (234 CMR 6.00) at www.mass.gov/dph/dentalboard for detailed descriptions of the requirements for the administration of Nitrous Oxide-Oxygen, and go to www.osha.gov, www.ada.org, and www.cdc.gov for more information about provision of anesthesia and sedation by dentists. Specific questions may be addressed to the Board by emailing dentistry.admin@mass.gov

I _____ HEREBY CERTIFY, UNDER THE PAINS
Print Applicant's Full Name

AND PENALTIES OF PERJURY, THAT:

- ALL INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE;
- I HAVE READ AND UNDERSTOOD THE STANDARDS AND REQUIREMENTS FOR THE ADMINISTRATION OF ANESTHESIA AND SEDATION AS PROMULGATED ON AUGUST 20, 2010 AT 234.CMR 6.00, INCLUDING, BUT NOT LIMITED TO, THE REQUIREMENTS OF THIS PERMIT FOR:
 - PATIENT EVALUATION REQUIRED AT 234 CMR 6.14 (2)
 - PRE-OPERATIVE PREPARATION REQUIRED AT 234 CMR 6.14 (3)
 - PATIENT MONITORING AND DOCUMENTATION REQUIRED AT 234 CMR 6.14 (4)
 - MANAGEMENT OF RECOVERY AND DISCHARGE OF PATIENTS AT 234 CMR 6.14 (5)
 - MANAGEMENT OF PEDIATRIC AND SPECIAL NEEDS PATIENTS AT 234 CMR 6.14 (6)
 - EMERGENCY MANAGEMENT AT 234 CMR 6.14 (7)
- I UNDERSTAND THAT, UNDER THE TERMS OF THIS PERMIT, THE ADMINISTRATION OF NITROUS OXIDE-OXYGEN SEDATION IS LIMITED SOLELY TO PRACTICE SITES WHERE THERE IS THE REQUISITE FACILITY PERMIT OR LICENSE FOR THE TYPE OF ANESTHESIA OR SEDATION TO BE ADMINISTERED.
- I AM CURRENTLY, AND WILL CONTINUE TO BE, IN COMPLIANCE WITH ALL STATUTES, RULES, AND REGULATIONS PERTAINING TO THE PRACTICE OF DENTISTRY IN THE COMMONWEALTH OF MASSACHUSETTS AS REQUIRED BY LAW.
- I HAVE FULFILLED THE EDUCATIONAL REQUIREMENTS WITHIN THE PAST 5 (FIVE) YEARS OR HAVE BEEN ADMINISTERING NITROUS OXIDE-OXYGEN IN ANOTHER JURISTITION AND HAVE ATTACHED A LETTER FROM MY EMPLOYER OR PERMIT FROM ANOTHER STATE.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGN AND SEND THIS APPLICATION AND ALL REQUIRED ATTACHMENTS TO:
BUREAU OF HEALTH PROFESSIONS LICENSURE
BOARD OF REGISTRATION IN DENTISTRY
250 WASHINGTON ST.
BOSTON, MA 02108